



**Summer 2006
Organizational Meeting Packet
BASKETBALL REGISTRATION FORM
PLEASE PRINT, USE BLACK INK**



TEAM NAME _____
FORMER TEAM NAME _____
MANAGER _____ E-MAIL ADDRESS _____
ADDRESS _____ APT. # _____ CITY _____ ZIP _____
HOME PHONE (____) _____ OFFICE PHONE (____) _____ CELL PHONE (____) _____

CIRCLE THE LEAGUE YOU ARE REQUESTING:

COMPETITIVE
MONDAY
Kiwanis Rec. Center

RECREATIONAL A
MONDAY
Escalante Comm. Center

RECREATIONAL B
WEDNESDAY
Escalante Comm. Center

RECREATIONAL C
TUESDAY
Tempe B & G Club

Note: Monday and Tuesday leagues may play at least 2 games on other nights due to gym availability during the season in regards to Memorial Day and the July 4th Holidays. Thank you for your understanding in this matter.

Teams with previous Tempe experience please answer the following:

WINTER 2006	<u>Classification</u>	<u>Gym</u>	<u>Record</u>
SUMMER 2005	<u>Classification</u>	<u>Gym</u>	<u>Record</u>

If you are requesting a change in league classification, why? _____

Other teams, PLEASE ANSWER THE FOLLOWING:

What City, classification and record did your team last play? _____

NEWLY ORGANIZED TEAMS PLEASE CHECK HERE _____. Why have you requested the classification above? _____

All teams must be prepared to play Monday through Thursday in tournament play.

I understand that once the team registers, no refunds are available unless the league is cancelled.

DO NOT WRITE BELOW THIS LINE

ENTRY FEE _____ PAID BY _____ RETURNED TO _____



Men's Adult Basketball Summer League Summer 2006 Registration Form / Roster



***Note- Roster will be not be considered complete unless individual Liability form is attached for each participant.

(PLEASE PRINT: USE BLACK INK ONLY)

TEAM NAME _____ Coaches Name _____
ADDRESS _____ CITY _____ ZIP _____
HOME PH _____ WORK PH: _____ CELL/MOBILE _____
E-MAIL _____ FAX _____
Asst. Coach Name/Home/Work/Cell Phone _____

	Player	Address	City	Zip	Phone
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____
8.	_____	_____	_____	_____	_____
9.	_____	_____	_____	_____	_____
10.	_____	_____	_____	_____	_____
11.	_____	_____	_____	_____	_____
12.	_____	_____	_____	_____	_____
13.	_____	_____	_____	_____	_____

ROSTER IS DUE WHEN FEE IS PAID. NO EXCEPTIONS.

Rosters must be filled out completely with the address and phone numbers of each player. Roster will be checked for validity purposes. **Rosters that do not contain complete address and phone numbers of players will not be considered for league entry.** As the representative of my team I have read and agree to all the rules and regulations of the Tempe Basketball League, and verify to the best of my knowledge that all information given on this form to be true and accurate.

Coaches Signature

Date